

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212550348			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: American Hardwood Export Council</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301</p> <p>GLEN ALLEN, VA 23060-6802</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DC</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2012</p> <p>SCC ID NO: F1846239</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1825 MICHAEL FARADAY DR</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RESTON, VA 20190</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TOM INMAN TITLE: PRESIDENT ADDRESS: PO BOX 427 CITY/ST/ZIP/CO: HIGH POINT, NC 27261 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TOM INMAN TITLE: PRESIDENT ADDRESS: PO BOX 427 CITY/ST/ZIP/CO: HIGH POINT, NC 27261	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	MARK BARFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6830 RALEIGH LAGRANGE RD		
CITY/ST/ZIP/CO:	MEMPHIS, TN 38184		
NAME:	KIP HOWLETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1825 MICHAEL FARADAY DR		
CITY/ST/ZIP/CO:	RESTON, VA 20190		
NAME:	LINDA JACKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5120 HIGHLAND MEADOWS DR		
CITY/ST/ZIP/CO:	HILLIARD, OH 43026		
NAME:	LINDA JOVANOVICH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 PENN CENTER BLVD		
CITY/ST/ZIP/CO:	SUITE 530 PITTSBURGH, PA 15235		
NAME:	TIM KASSINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	W11143 COUNTY HIGHWAY G		
CITY/ST/ZIP/CO:	ANTIGO, VA 54409		
NAME:	JOE PHANEUF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3311 STATE RD 28		
CITY/ST/ZIP/CO:	OLD FORGE, NY 13420		
NAME:	Jennifer Brand	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	10200 SW Greenburg Rd, #500		
CITY/ST/ZIP/CO:	Tigard, OR 97223		
NAME:	Michael Martin	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1121 Chesterfield Industrial Blvd		
CITY/ST/ZIP/CO:	Chesterfield, MO 63005		
NAME:	Brent McClendon	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4214 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22302		
NAME:	Mike Seidel	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Indiana State Dept of Ag		
CITY/ST/ZIP/CO:	1 North Capitol, Suite 600 Indianapolis, IN 46204		
NAME:	Lawson Maury	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. Box 698		
CITY/ST/ZIP/CO:	Cookeville, TN 38503		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ROBERT KIRSHNER</u>	<u>ROBERT KIRSHNER, ASST</u>	<u>12/29/2012</u>
SIGNATURE OF DIRECTOR/OFFICER	SECRETARY	DATE
LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.